



Bank Draft (Debit) Authorization Agreement

2007-2008

I (we) authorize Nashville Aquatic Club (NAC) and the financial institution listed below to electronically debit my (our)

Checking Savings account specified below:

Bank Name _____	Branch Location _____	
City _____	State _____	Zip Code _____
Bank Transit/ABA Number _____	Account Number _____	
<input checked="" type="checkbox"/> First of the month	Start Date _____	

This authority is to remain in full force and effect until NAC and AmSouth Bank have received written notification from me (or either of us) of its termination in such time and in such manner as to afford NAC and AmSouth Bank a reasonable opportunity to act on it. A copy of this Authorization Agreement must be given to the customers and will be provided by NAC, upon request, to AmSouth Bank.

Customer Name (Print) _____	Social Security Number _____
Signature _____	Date _____

Please staple to this form a voided check to verify bank account information for drafts from a Checking Account or a deposit slip for drafts from a Savings Account.

NAC PAYMENT TERMS AND TERMINATION POLICY:

Payment in full on accounts will be drafted on the 1st of each month, September through July. A \$25 fee will be assessed for insufficient funds. Swimmers with past due accounts will not be allowed to practice or participate in team sponsored events. WRITTEN NOTICE IS REQUIRED FOR ANY SWIMMER LEAVING NAC. NOTICE MUST BE RECEIVED BY THE 5TH OF THE CURRENT MONTH TO AVOID INCURRING TRAINING FEES FOR THE FOLLOWING MONTH.

I understand and agree to the above terms and conditions.

Signature _____	Date _____
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Attach VOIDED CHECK (Checking Account) or DEPOSIT SLIP (Savings Account)